

08-07-01

A.



PATENT APPLICATION

Docket No. BAT 2 0001

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the PATENT APPLICATION of:

Inventor(s): Monzyk et al.

For (Title): PHOTOLYTIC ARTIFICIAL LUNG

This new application is for a(n):

☒ Original ☐ Design ☐ Divisional
☐ Continuation ☐ Continuation-in-part (CIP)

☐ Applicant claims small entity status.

Papers enclosed are:

- 50 Pages of Specification
- 5 Pages of Claims
- 1 Pages of Abstract
- 10 Sheets of Drawings
- ☐ Preliminary Amendment
- ☐ Information Disclosure Statement
- ☐ Declaration of Biological Deposit
- ☐ Other
- ☒ Declaration or Oath (☐ executed by inventor(s))
- ☒ Application Data Sheet
- ☐ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)

☐ Assignment to _____
_____ will follow
_____ cover sheet for Assignment accompanying new patent application

CERTIFICATE OF MAILING BY U.S. EXPRESS MAIL

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 8/11/01 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL 85274901US addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Mary Ann Temarari
Signature

08020305 080101

Maintenance of Copendency of Prior Application

_____ A petition, fee and response extends the term in the pending prior application until _____.

_____ A copy of the petition filed in prior application is attached.

Abandonment of Prior Application (if applicable)

_____ Please abandon the prior application at a time while the prior application is pending or when the petition for extension of time or to revive in that application is granted and when this application is granted a filing date so as to make this application copending with said prior application.

Fee Calculation

CLAIMS AS FILED				
	Number filed		Number Extra	Rate
				Basic Fee
				\$710.00
Total				
Claims	37	-20=	17	x \$18.00= 306.00
Independent				
Claims	7	- 3=	4	x \$80.00= 320.00
Multiple				
Dependent Claim(s), if any				\$270.00=

Total Filing Fee Calculation \$ 1336.00

___ Design Application Filing Fee Calculation \$ _____

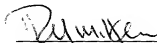
___ Filing Fee for a Small Entity (50%) \$ _____

___ Fee for Recording Assignment (\$40) \$ _____

___ Enclosed is a check in the amount of \$ _____

X Charge Deposit Account No. 06-0308 in the amount of \$1336.00

x The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0308.



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